

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2018
Mailing Address 109 West Front St		Amount 2500.00
City Brooklyn	State IN	Zip Code 52211
Purpose of Expenditure GOTV Calls	Category/Type 004	Transaction ID : SE.10340 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2018
Name of Federal Candidate HYDE-SMITH, CINDY, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 22500.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2018
Mailing Address 109 West Front St		Amount 2500.00
City Brooklyn	State IN	Zip Code 52211
Purpose of Expenditure GOTV Calls	Category/Type 004	Transaction ID : SE.10342 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2018
Name of Federal Candidate ESPY, MICHAEL, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 2500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,***[Electronically Filed]**

Date

MM / DD / YYYY
11 / 21 / 2018

Signature